



CRTO

Quality Assurance Program
Evaluation Report

Approved by Council September 12, 2008

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OVERVIEW

This Report outlines the findings from an Evaluation Survey on the College of Respiratory Therapists of Ontario's (CRTO) Quality Assurance Program. A sample CRTO Members (1,252 in total) was randomly selected to complete the online Survey; over seventy percent responded.

The Survey focused on the Program during the period of 2004-2007. This Report includes details of the Program components, the aggregate data from the Survey, the conclusions drawn from an analysis of the data, and Members' responses.

Based on the QA Committee's and staff's analysis of the survey data the following recommendations will be made to the CRTO Council for its consideration and deliberation.

Recommendations

1. Develop and publish a position statement/paper on the Goals of the QA Program.
2. Provide randomly selected Members with a list of Assessors for the purpose of identifying conflicts of interest.
3. Develop a web-based Professional Portfolio.
4. Incorporate examples of Learning Goals and Learning Activities of Members who are in a variety of practice settings, including non-direct patient care roles, in future versions of the Professional Portfolio form.
5. Review the practice of selecting Inactive Members in the random selection process.
6. Review the random selection process to investigate limiting the number of times a Member can be selected and increasing the percentage of Members who have not previously been selected.
7. Monitor the French translation process to ensure that Members who prefer to receive communications from the College in French have equal access to all QA Program components.
8. Review the Self-Assessment section of the Portfolio with the intention of facilitating Members' skill development (patient-related, changes in technology or other) as prescribed in regulation; "*assessment of members' knowledge, skills and judgment*".
9. Ensure compliance with the *Regulated Health Professions Act* amendments.

EXECUTIVE SUMMARY

Background & Historical Perspective

Under the *Regulated Health Professions Act (1991)* all health regulatory bodies, or colleges, are mandated to develop Quality Assurance Programs (QAP). The Ministry of Health and Long Term Care outlined the overriding goals of the QAPs as improved quality of health care provision and improved patient outcomes.

Regulatory bodies are required to prescribe the details of their QAPs in regulation. Under the *Respiratory Therapy Act (1991)*, Ontario Regulation 596/94 Part VI was passed into law on January 25, 1999 and includes:

1. *Continuous quality improvement activities by members.*
2. *Assessment of members' knowledge, skills and judgment and remediation of members whose knowledge, skills or judgment have been assessed and found to be unsatisfactory.*
3. *Assessment of members who are alleged to have demonstrated behaviour or made remarks of a sexual nature towards a patient or client and remediation of members.*

The CRTO's Quality Assurance Committee (the Committee), charged with the responsibility of developing and administering the Program, had proactively implemented several components prior to the 1999 regulation approval.

At approximately the same time as the regulation came into force, the Health Professions Regulatory Advisory Council (HPRAC) began evaluating all colleges' Quality Assurance Programs. While the CRTO received high marks from HPRAC for including modules that utilized a variety of evaluation methods, CRTO Members were dissatisfied with the process, assessment tools and feedback they were receiving. This led to a challenge of the College's legal authority to assess Members using the format that was in place. The QAP was ultimately suspended in 2001.

In 2002 the College published the “Fresh Start” initiative which gave Members who had been selected for assessment under the previous process several options for completing their requirements. At that time the Committee, in consultation with the membership, began to revamp the Program. The tools that were revised or redeveloped include the continuous quality improvement module, or Professional Portfolio, and the assessment module which was met by the development of the Professional Standards Assessment. These two components became the key requirements for Members who were selected during the 2004-2007 period to which this Report applies.

QA Program Goals & Principles

The College wants to meet not only its legislative/regulatory mandate, but to ensure “that respiratory care services provided to the public by its members are delivered in a safe and ethical manner”.

Philosophically, the Council and Committee believe that compliance with the Quality Assurance Program will assist in the achievement of this mission.

As outlined in regulation, the primary goal of the QAP is to assess Members’ knowledge, skills and judgment. The objectives of the tools used to conduct the assessment include:

- Professional Portfolio
 - *Underlying goal:* foster self-assessment, professional development and continuous quality improvement;
- Professional Standards Assessment
 - *Underlying goal:* increases knowledge of profession specific standards, guidelines & legislation

The QAP offers a unique opportunity for the College to educate and support Members on the standards, guidelines and legislation that govern them. By effectively communicating the minimum expectations of standards, the opportunity exists to ultimately raise the bar and enhance respiratory care throughout the province of Ontario.

Legislative Authority & Mandate

The legislative authority for the CRTO's Program comes under the *Regulated Health Professions Act (1991)* wherein all Colleges are mandated to develop and maintain a QAP. Under the umbrella of the *RHPA* and the profession specific *Respiratory Therapy Act (1991)* the regulation was drafted outlining the various components.

The *RHPA* also outlines the authority and responsibilities of the Committee to appoint Assessors, maintain confidentiality and direct the Registrar to take certain actions where necessary. The regulation sets out the requirements for the Committee to form Panels to conduct their assessments and arrive at decisions regarding Members' submissions and evaluations. Where a Member is assessed by a Panel and his/her knowledge, skills and/ or judgment is found to be unsatisfactory the regulation provides the legal authority for remedial, refresher or educational requirements to be imposed.

The Quality Assurance Committee is also responsible for monitoring Members' compliance with the QAP. Since the inception of the Quality Assurance Program, the College has chosen to accomplish this task, in part, by conducting a random selection of 10% of the Membership on an annual basis, authorized by the regulation. Members who are randomly selected are required to submit their Professional Portfolios and complete the Professional Standards Assessment. All Members, irrespective of the random selection process, are required to declare on the Annual Renewal form whether they have been participating in the Quality Assurance Program.

COMPONENTS OF THE PROGRAM

The regulation describes the two main components of the QAP; Continuous Quality Improvement Module and Assessments Module. From the options described under each section, the Committee and Council have developed the Professional Portfolio and the Professional Standards Assessment tools. Within the current wording of the regulation there are several opportunities for alternate tools to be used to assess Members. As part of the Evaluation process (and implementation of the *Health System Improvements Act*; see page 31) the regulation is being reviewed and revised.

Continuous Quality Improvement Module

The requirements, outlined in regulation, for continuous quality improvement activities include:

- a) *Self-assessment of the Member's knowledge, skills and judgment,*
- b) *Development of a plan to improve one or more of the Member's, knowledge, skills or judgment;*
- c) *Implementation of the plan to improve one or more of the Member's knowledge, skills or judgment; and*
- d) *Self-evaluation of the improvement in one or more of the Member's knowledge, skills or judgment.*

In consultation with the Membership, the Committee developed the Professional Portfolio document that captures these four activities and presents them in a straight-forward, user friendly format.

Professional Portfolio

The Professional Portfolio (Portfolio) is intended to provide CRTO Members with a comprehensive, reflective tool which captures their ongoing professional development and continuing education. Essentially, it is a collection of evidence that learning has taken place.

There are compelling reasons to utilize a Portfolio to document continuing education. A Portfolio:

1. fosters reflection,
2. acts as a reminder of intended learning,
3. contributes to knowledge retention, and
4. offers the practitioner more control than prescribed programs.

In a four-step process the Professional Portfolio addresses each of the CQI module requirements under the following headings:

- Step 1: Self-Assessment or Learning Needs Assessment
- Step 2: Planning
- Step 3: Implementation
- Step 4: Self-Evaluation

Members are required to complete the four-step cycle for at least one Learning Goal every 12-months. Members are also required to provide and complete a Profile that outlines their educational and employment information, and document a minimum of 12 day-to-day learning activities such as in-services, grand-rounds or re-certifications. A copy of the Professional Portfolio form has been included as Appendix B.

Assessment Module

Under the QA regulation the Committee is charged with the responsibility of assessing Members' knowledge, skills and judgment. The Assessment Module stipulates that the Committee *"shall select at random the names of Members required to undergo an assessment of their knowledge, skills and judgment"*. The regulation lists a number of ways in which the CRTO could assess Members, including:

- a) Inspecting and reviewing Members' premises and records relating to patient/client care, continuous quality improvement activities and equipment maintenance and quality control;*
- b) Interviewing Members, their colleagues, staff, supervisors or employers;*
- c) Requiring Members to answer questions orally or in writing; or*
- d) Requiring Members to participate in one or more evaluations of their knowledge, skills, or judgment including practical evaluations such as simulated situations, peer assessment or practice setting reviews.*

Following the dissolution of the previous QAP, the Quality Assurance Committee, composed of Respiratory Therapy professionals representing different regions of Ontario and a cross-section of practice areas, and Public Members, and the Council of the College, wanted to ensure that any new tools introduced to the Program would be accepted by the membership. With this in mind, a more educational and supportive approach was taken to the evaluation. The result was the development of the Professional Standards Assessment (PSA).

Professional Standards Assessment

In May 2004, members of the Quality Assurance Committee met with the help of a facilitator to discuss and document the basis on which the PSA would be developed. The foundation of the PSA was outlined in a Blueprint; a summary of the processes, content and structure of the assessment. The Committee identified the following purposes of the PSA:

- Ensure the CRTC has an assessment component as required by QA legislation;
- Assist members in becoming familiar with the legislation, regulations and standards governing practice and conduct;
- Help members address how legislation, regulation and standards apply to Respiratory Therapy in general;
- Promote professional development through links between the PSA and the Professional Portfolio (i.e., identifying learning goals); and
- Identify trends in aggregate responses for the purpose of educational planning, and to support CRTC Members in general.

In 2004 the CRTC piloted the Professional Standards Assessment by inviting Members who had been randomly selected to challenge it and provide feedback on the fairness of the questions, the usability of the web-based technology and their overall perception of the process. The results of the Pilot demonstrated Members' acceptance of the tool and their indication that completion of the PSA improved knowledge of the standards, guidelines and legislation related to practice in Ontario. Data related to the 2004 pilot has been considered with equivalent weight as later administrations in this Report.

QAP EVALUATION METHODOLOGY

The main purpose of the QAP Evaluation is to review the QA Program components and determine their effectiveness. On a go forward basis, the Evaluation will also help to identify the appropriateness of the components for inclusion in the Program once the *Regulated Health Professions Act* amendments have come into effect on June 4, 2009. Stakeholders in the evaluation outcomes include the public, Members, the Quality Assurance Committee, Council, staff, professional associations and the Ministry of Health and Long Term Care.

The main data collection method for the Evaluation was a Member survey as it was seen as the most reliable and efficient way of obtaining the information needed to achieve the Evaluation objectives. The survey was developed by CRTO staff and the Quality Assurance Committee with the assistance of an external consultant, Dr. Marla Nayer.

Objectives of the Evaluation

- a) Evaluate whether the CRTO is meeting the mandate of the *RHPA*.
- b) Evaluate whether the CRTO is achieving the Goals of the Quality Assurance Program.
- c) Determine whether the QA Program components are assessing Members' knowledge, skills and judgment.
- d) Determine the applicability of existing Program components for the new requirements under the *Regulated Health Professions Act* amendments resulting from the *Health Systems Improvement Act*.

Summary of the Evaluation Plan

The Evaluation Plan principally focused on surveying Members regarding the Quality Assurance Program components for the purpose of determining whether the College is achieving the objectives set out above. The Quality Assurance Committee initially conducted an internal audit to pinpoint the critical issues, Evaluation questions and thresholds. Members who had been randomly selected in the past four iterations were targeted for their feedback. A sample of Members who had not been selected during the 2004-2007 period balanced the Evaluation.

Notable limitations of the Evaluation include the fact that goals were previously not documented for the Program as a whole, nor were goals documented for the individual components. The Committee and staff have deduced the original intent of these based on College archives.

Assumptions

In order to establish a starting point for the QA Program Evaluation, the Committee members documented their assumptions regarding Members, the CRTO and the Public.

Members

As mentioned in the Introduction, Respiratory Therapists have been involved in all aspects of QA Program development. Examples of this include:

- fulfilling the role of subject matter experts to develop items (questions) for the Professional Standards Assessment,
- participating as Standards of Practice working group members,
- assisting in the development of the revised Portfolio form,
- carrying out the role of assessors/Professional Portfolio Reviewers, and
- participating on Council and the QA Committee.

Assumptions about Members, their roles, contributions and attitudes toward QA include:

1. CRTO Members are competent.
2. Members provide safe and ethical patient care.
3. Members want to augment or improve their knowledge, skills, abilities and judgment on an ongoing basis.
4. Members have the skills to complete the Quality Assurance Program components.
5. Members benefit from completing the Portfolio.
6. Members benefit from completing the PSA.
7. Members have access to the internet (CRTO website for resources & PSA site).
8. 30 days is sufficient time to complete the PSA.
9. Members' time is limited and they would appreciate it if QAP requirements were not too time-consuming/onerous.

CRTO

As the regulatory body, the CRTO has certain opportunities and challenges when it comes to developing and sustaining a Quality Assurance Program. Two assumptions that can be made regarding the College include:

1. CRTO is currently meeting its legislative mandate with regard to Quality Assurance.
2. CRTO has the resources to implement/maintain the QAP.

Public

Given the mandate and mission of the CRTO, the public interest is of foremost importance. The Committee believes that the public benefits from, and patient care is enhanced by, Members' ongoing participation in professional development and their knowledge of professional standards.

Evaluation Survey

Notification of the survey was mailed to a random sampling of Members who had been selected to complete the Program requirements in the past four years (2004, 2005, 2006 and 2007), totaling 679. A random sampling of Members holding Active or Inactive certificates of registration but whom had not been selected in the past four years was also run, totaling 573. The survey was applied using the online tool, SurveyMonkey™.

It should be noted that Members were permitted to skip (not answer) questions and that on any given question the number of Members who chose not to respond ranged from 7 to 104. While all Members are required to maintain their Professional Portfolios on an ongoing basis, only Members who have been required to complete the Professional Standards Assessment would be able to provide informed responses to the questions focused on this component. For this reason, many Members who had not completed the PSA chose to skip the questions related to this component.

Members were also given the option of completing the Survey anonymously as the QA Committee felt that this would allow Members the freedom to be honest in their responses without the fear of recrimination; 42.7% chose to respond anonymously. This option supports the range of Members who did not answer the questions related to demographics.

Survey Respondents

Of the 1,252 Members who were invited to complete the Evaluation Survey, 43 email addresses were flagged as invalid. Of the 1,209 Members who remained, 855 (70.7%) responded. Seventy-four percent (74%) of respondents were female, 26% were male (Figure 1). This differs from the current membership ratio of 70.8% female: 29.2% male.

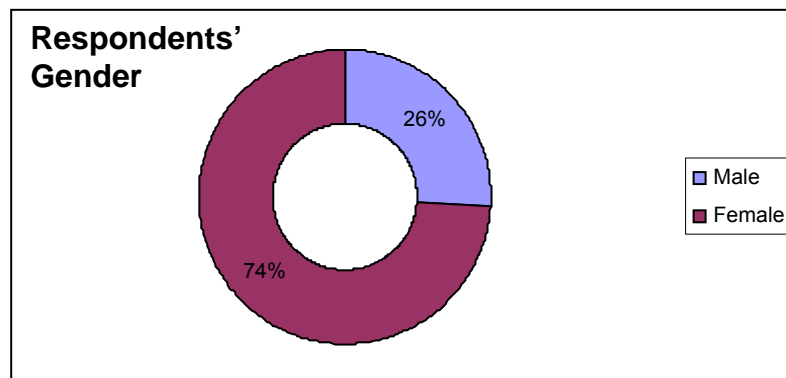


Figure 1

Members who were in the age range of 30 to 39 years were most likely to respond (Figure 2). The years in which respondents graduated from Respiratory Therapy programs ranged from 1969 to 2008 (Figure 3).

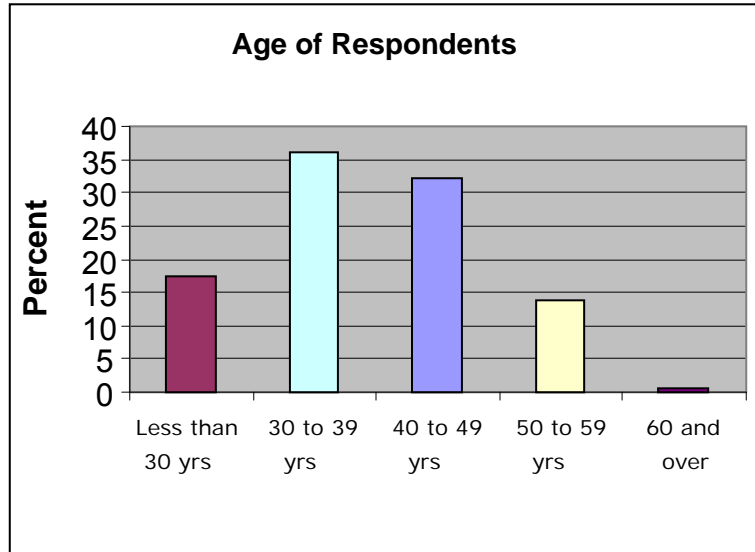


Figure 2

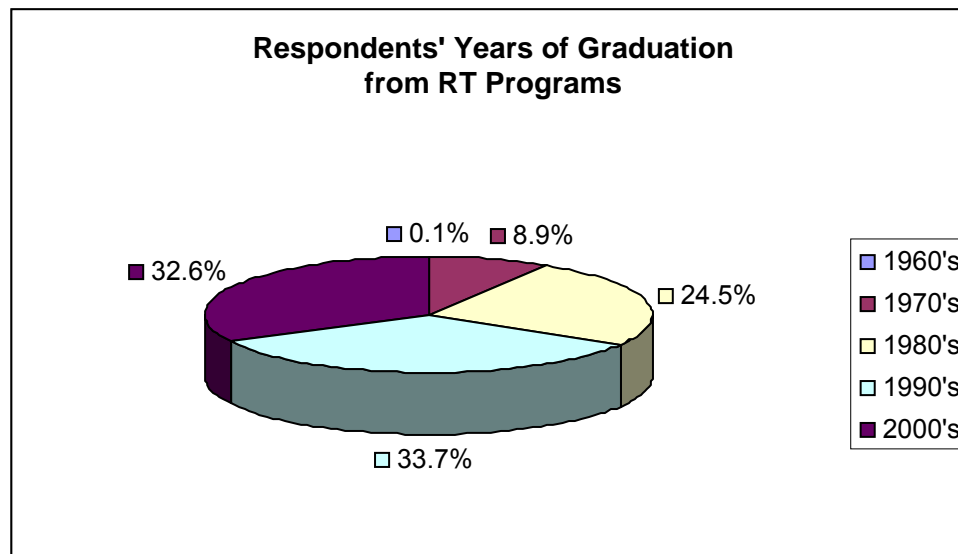


Figure 3

EVALUATION FINDINGS

QA Program

Of the Members who completed the Evaluation Survey, 456 (53.8%) had been randomly selected in the past four years (Figure 4).

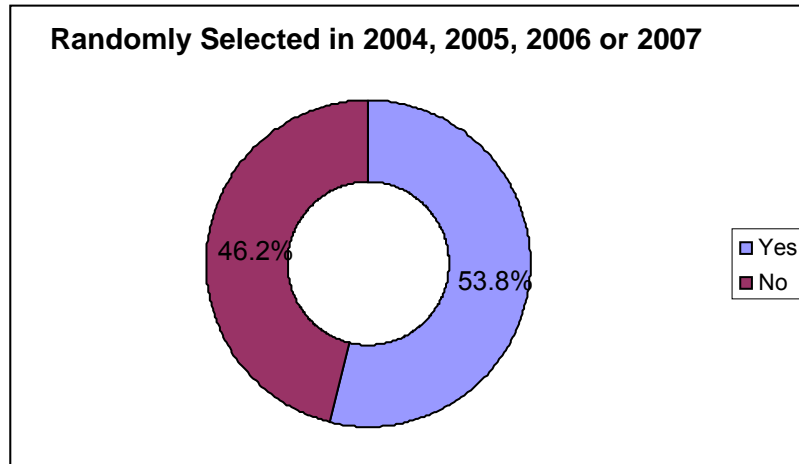


Figure 4

For comparison purposes, Members were also asked whether they had been randomly selected prior to 2004 which would have required completion of the Program that was discontinued in 2001. Two-hundred, forty-one (241, 28.6%) of respondents completed the previous Program (Figure 5).

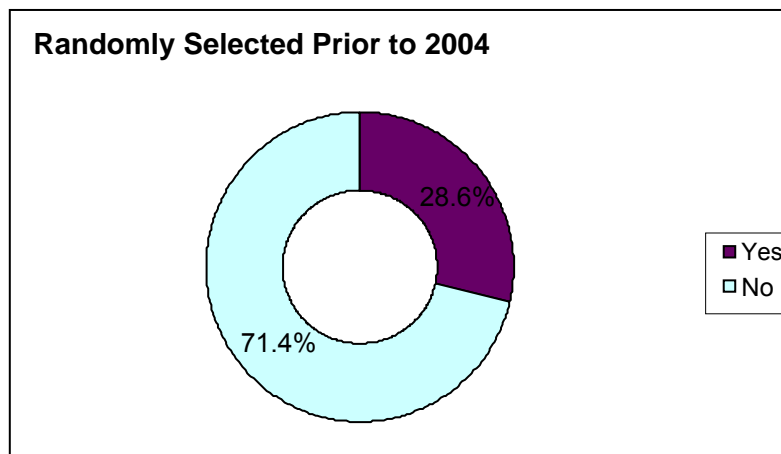


Figure 5

Professional Portfolio

Seven-hundred, thirty-one (731, 91.4%) respondents reported that they document their professional development or continuing education activities in the Professional Portfolio form at least annually (Figure 6). Many Members commented that they prefer to maintain records of their educational activities in formats other than the Portfolio form. Several indicated that their employers had systems in place to facilitate this process. Others commented on the “convenience” factor, a point which speaks to the proposed web-based platform (see page 16-17).

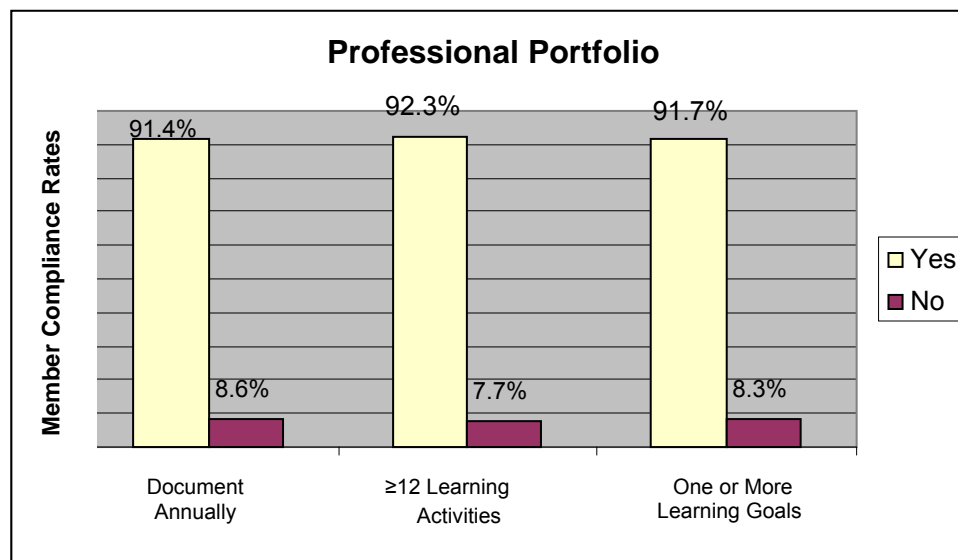


Figure 6

The data continues to uphold the notion that ongoing professional development has a positive impact on practice. The vast majority of respondents (91.1%) reported that they reflect on their practice in order to identify a Learning Goal (Figure 7). Over ninety percent (90.5%) were of the opinion that their practice changed or improved as a result of their learning.

One Member articulated the notable view that *“practice improves as a result of learning, but not as a result of formulating and documenting all of the details that are asked for in the Professional Portfolio.”* That said, 81.6% of respondents think that the Portfolio is relevant to all Members, regardless of their practice setting.

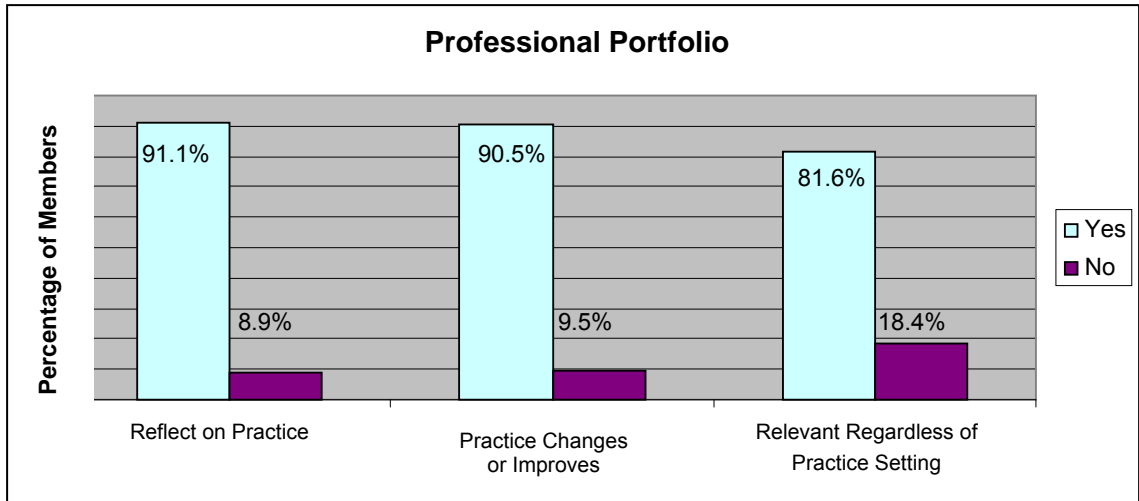


Figure 7

The data to support whether Members think that maintaining a Professional Portfolio is relevant to those who hold Inactive certificates of registration, or who are non-practicing, is indeterminate (Figure 8).

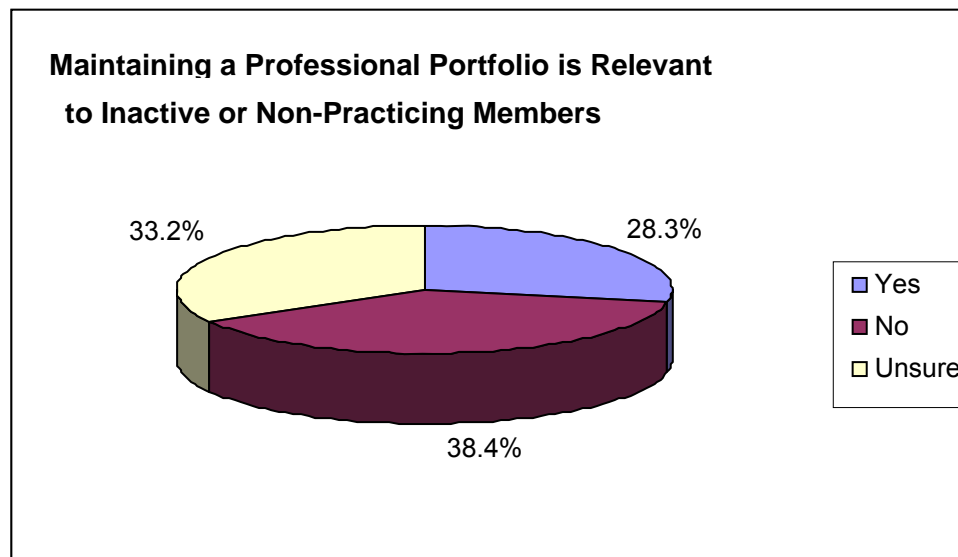


Figure 8

While the majority (76.9%) of respondents think that the instructions contained in the Portfolio are sufficient and as a result they have a clear understanding of what is expected, and that the time commitment required by them annually to maintain their Portfolios is reasonable (83.3%), there was support for developing a web-based version (79.5%) (Figure 9).

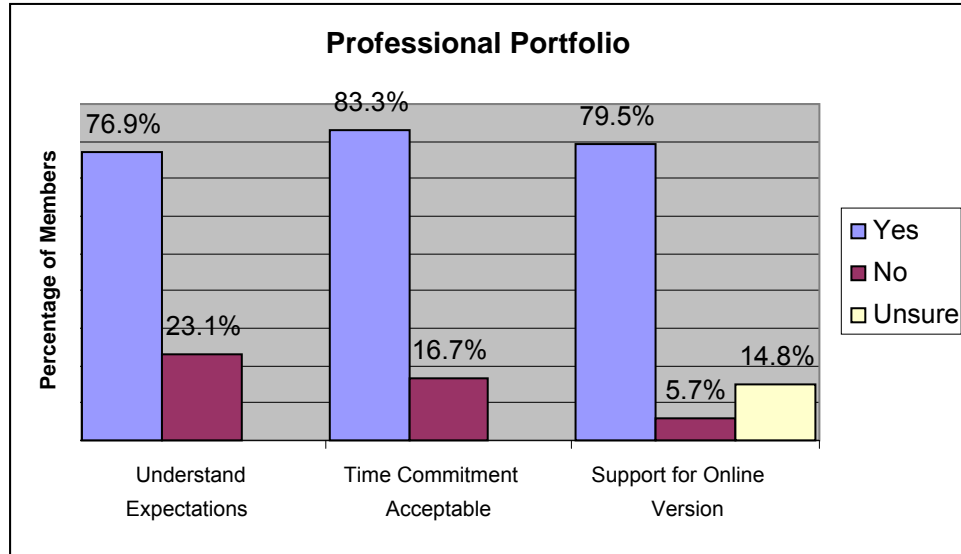


Figure 9

Professional Standards Assessment

Of the respondents who had been selected to complete the PSA, 382 (84.7%) reported that their knowledge of the CRTO standards, guidelines and legislation had increased as a result (Figure 10). Over forty percent (40.4%) of those indicated that their practice had changed or improved as a result.

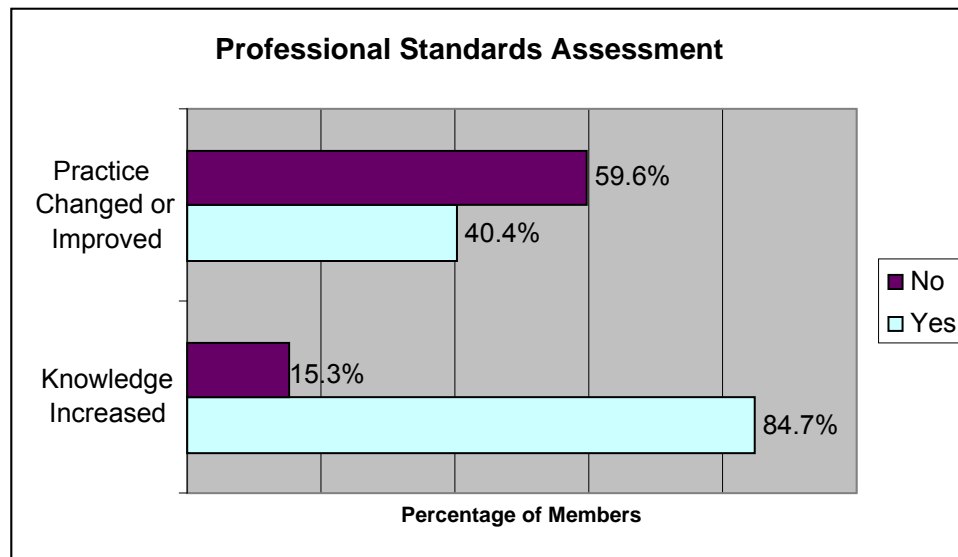


Figure 10

Eighty-two percent (82.0%) of respondents were of the opinion that the PSA is relevant, regardless of their practice setting (Figure 11). Respondents were uncertain of the PSA’s relevance to those who are Inactive or non-practicing.

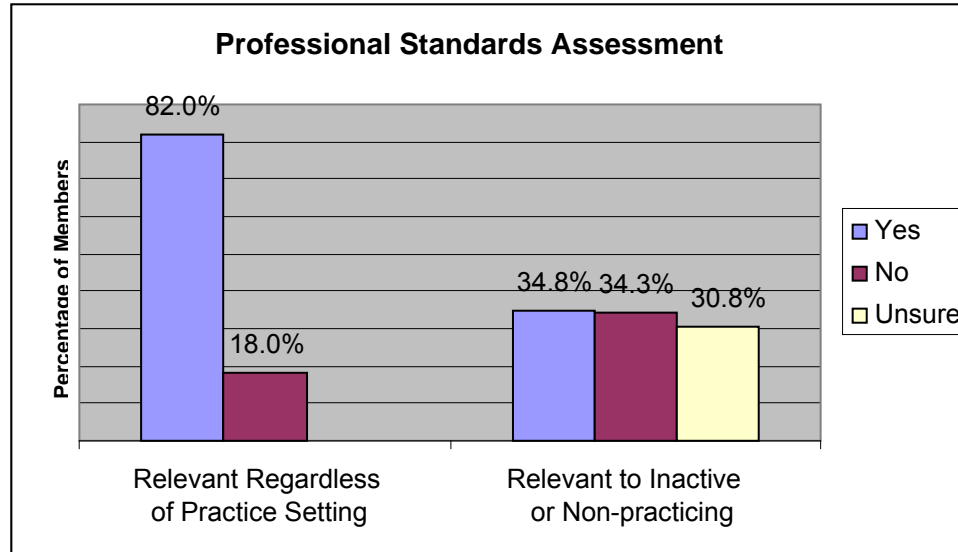


Figure 11

Of the respondents who had been selected to write the PSA, 94.3% thought that the instructions for accessing and completing this online tool were sufficient (Figure 12). When asked if the time commitment required to complete the PSA was reasonable, 85.0% felt that it was. In addition, 76.4% reported that the 30-day window in which they had to complete the PSA was sufficient.

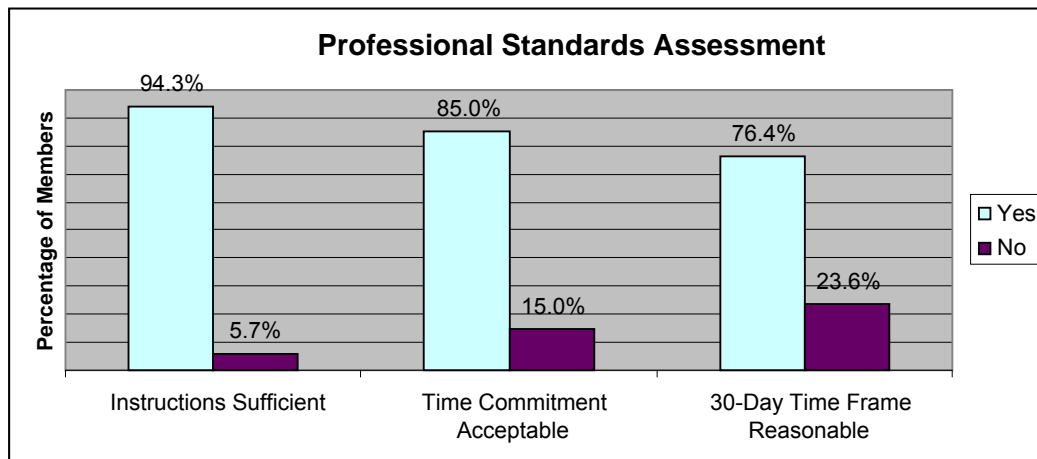


Figure 12

Evaluation Analysis

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
<i>Program Evaluation Questions</i>				
1. Is the current Program meeting the mandate of the RHPA?	MOHLTC reports that CRTO Program meets minimum requirements of a QAP.	Yes.	Consultation with legal counsel and the MOHLTC.	Program meets the minimum requirements.
2. Is the Program affordable and sustainable for the long-term?	Members are randomly selected and assessed annually within the approved budget.	3.5% of CRTO budget.	From the CRTO financial statements: 2004 – 5.79% 2005 – 4.13% 2006 – 2.79% 2007 – 2.86% A review of the CRTO financial statements indicates that the increased percentages in 2004 and 2005 were due to developmental costs.	The Program is sustainable.

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
3. Are the Program goals well defined to allow for development and evaluation?	College publishes the goals of the Program and components.	Produce publications/communications outlining goals.	CRTO website, <i>The Exchange</i> newsletter, and Member communications (including email).	The goals of the individual tools appear inferred in College publications. A position statement or communication strategy for the overall Program may be useful for Members and other stakeholders.
4. Do all Members have equal access and opportunity to participate in the Program?	College resources are accessible through various mechanisms.	Produce publications, number of communications by staff, list of resources available to Members.	CRTO website, <i>The Exchange</i> newsletter, Member communications (by telephone, email and postal delivery) with dedicated CRTO staff, QA tools (available web-based, online and in paper versions).	The CRTO aims to deliver information and QA tools to Members electronically in order to decrease costs and lessen environmental impact. Members who have not provided the College with email addresses are mailed printed versions. <i>Continued...</i>

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
<p><i>Continued from previous page...</i></p> <p>4. Do all Members have equal access and opportunity to participate in the Program?</p>	<p>College resources are accessible through various mechanisms.</p>	<p>Produce publications, number of communications by staff, list of resources available to Members.</p>	<p>CRTO website, <i>The Exchange</i> newsletter, Member communications (by telephone, email and postal delivery), QA tools (available web-based, online and in paper versions).</p>	<p>Members who are not comfortable/proficient with computer based technology are given the option of receiving paper copies.</p> <p>It was noted, however, that not all web-based tools are available in French including the Professional Standards Assessment.</p>
<p>5. Are existing components acceptable and appropriate for the new requirements under the <i>Health System Improvements Act</i>?</p>	<p>Legal Counsel advises that existing components are acceptable and appropriate.</p>	<p>Yes</p>	<p>Legal counsel's opinion.</p>	<p>Consultation with legal counsel on the Regulation amendments indicates that the existing components are acceptable and appropriate for the new requirement under the <i>HSIA</i>.</p> <p><i>Continued...</i></p>

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
<p><i>Continued from previous page...</i></p> <p>5. Are existing components acceptable and appropriate for the new requirements under the revised <i>Regulated Health Professions Act</i>?</p>	<p>Government approves QA regulation amendments.</p>	<p>Yes</p>	<p>The MOHLTC's review and approval of the proposed Regulation amendments is pending.</p>	<p>The proposed Regulation amendments are not expected to be submitted to the MOHLTC until late 2008. As a result the College is unable to determine the MOHLTC's opinion regarding the acceptability of the existing components at this time.</p>
<p><i>Professional Portfolio Evaluation Questions</i></p>				
<p>6. Are Members completing Portfolios annually?</p>	<p>Members report documenting one complete cycle every 12-months.</p>	<p>10% of Members report completing Portfolios annually.</p>	<p>91.4% of respondents report completing Portfolios annually.</p>	<p>Results exceed the threshold and confirm that Members are completing Portfolios annually.</p>

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
7. Are Members submitting their Portfolios when randomly selected?	Members submit Professional Portfolios to the CRTO.	75% of Members who are randomly selected submit their Portfolios.	99.6% of Members submit Portfolios when selected. Members who request deferrals are excluded from this statistic.	Results exceed the threshold and confirm that Members are submitting Portfolios when requested.
8. Are Members participating in at least 12 learning activities annually?	Members report participating in at least 12 learning activities each year.	75% of Members report participating in at least 12 learning activities annually.	92.3% of respondents report participating in at least 12 learning activities annually.	Results exceed the threshold and confirm that Members are participating in at least 12 learning activities annually.
9. Are Members setting a Learning Goal annually?	Members report setting at least one Learning Goal every 12-months.	30% of Members report setting Learning Goal annually.	91.7% of respondents report setting Learning Goal annually.	Results exceed the threshold and confirm that Members are setting at least one Learning Goal annually.

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
10. Are Members reflecting on their practice in order to set a Learning Goal?	Members report reflecting on their practice to help determine their Learning Goal for the year.	5% of Members report reflecting on their practice to help determine their Learning Goal.	91.1% of respondents report reflecting on their practice to help determine their Learning Goal.	Results exceed the threshold and confirm that Members are reflecting on their practice in order to set their Learning Goal.
11. Are Members integrating their Learning into their practice?	Members report changes in and/or confirmation of practice.	25% of Members report changes in and/or confirmation of practice.	90.5% of respondents report changes to or improvement of their practice.	Results exceed the threshold and confirm that Members are integrating their Learning into their practice.
12. Is the Portfolio relevant to all practice settings?	Members in all practice settings report relevance of the Portfolio.	90% of Members report that the Portfolio is relevant, regardless of practice settings.	81.6% of respondents think that the Portfolio is relevant, regardless of practice setting.	Results <i>fall below</i> the threshold indicating that some Members do not perceive the Portfolio to be relevant to all practice settings. <i>Continued...</i>

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
<p><i>Continued from previous page...</i></p> <p>12. Is the Portfolio relevant to all practice settings?</p>	<p>Members in all practice settings report relevance of the Portfolio.</p>	<p>90% of Members report that the Portfolio is relevant, regardless of practice settings.</p>	<p>81.6% of respondents think that the Portfolio is relevant, regardless of practice setting.</p>	<p>Based on Members' comments the Committee may consider including examples/samples of Goals for Members in a variety of practice settings in future versions of the Portfolio form and continue to educate Members on the self-directed nature of the CQI process.</p>
<p>13. Is the Portfolio relevant to Members who are Inactive or non-practicing?</p>	<p>Inactive or non-practicing Members report utilizing the Portfolio.</p>	<p>5% of inactive or non-practicing Members report utilizing the Portfolio.</p>	<p>28.3% of respondents think that the Portfolio is relevant to Inactive or non-practicing Members.</p>	<p>Results <i>do not directly correlate</i> to the original indicator. Inactive and non-practicing Members were not separately targeted.</p> <p>Results indicate that Members of all categories question the relevance for non-practicing RTs.</p>

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
14. Are the instructions for completing the Portfolio sufficiently clear and acceptable to Members?	Members report understanding the documentation requirements.	75% of Members report understanding the documentation requirements.	76.9% of respondents report understanding the documentation requirements.	Results exceed the threshold and confirm that Members think that the instructions for completing the Portfolio sufficiently clear and acceptable.
15. Is the Portfolio feasible in terms of time commitment?	Members report that the time commitment is acceptable to them.	51% of Members report the time commitment is acceptable.	Members' self-report on # hours spent completing Portfolio. 83.3% of respondents report the time commitment is acceptable.	Members were not asked to self-report on the number of hours spent completing the Portfolio. Results exceed the threshold and confirm that Members think the Portfolio feasible in terms of time commitment.

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
16. Does remediation of Members achieve its goal of increased understanding of expectations?	Members report increased understanding of expectations for Portfolio.	75% of Members who've received remediation report an increased understanding.	Members self-report an increased understanding of expectations for the Portfolio.	Members were not asked to self-report on whether remediation resulted in an increased understanding of expectations for the Portfolio.
<i>Professional Standards Assessment Evaluation Questions</i>				
17. Do Members complete the PSA when randomly selected?	Members submit completed PSA via Webassessor™.	75% of Members submit completed PSAs.	99.7% of Members complete the PSA when selected. Members who request deferrals are excluded from this statistic.	Results exceed the threshold and confirm that Members are completing the PSA when requested.

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
18. Does completion of the PSA increase Members' knowledge of standards, guidelines & legislation?	Members report increase in knowledge.	51% of Members who have completed the PSA report increased knowledge of standards, guidelines & legislation.	84.7% of respondents who have completed the PSA report increased knowledge of standards, guidelines & legislation.	Results exceed the threshold and confirm that Members think completion of the PSA results in an increase in the knowledge of CRTO standards, guidelines and legislation.
19. Are Members integrating knowledge of standards, guidelines & legislation into their practice?	Members report changes to or improvement of their practice.	75% of Members report changes to or improvement of their practice.	40.4% of respondents report changes to or improvement of their practice.	Results <i>may not directly correlate</i> to the Evaluation Question. Increased knowledge (as reported above) may simply confirm that respondents are already practicing in accordance with CRTO standards, guidelines and legislation, and therefore, no change or improvement in practice is required.

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
20. Are the PSA items applicable to all practice settings?	Members report relevance of PSA to their practice settings.	51% of Members report the PSA is relevant to their practice.	82% of respondents think that the PSA is relevant to all CRTO Members, regardless of their practice setting.	Results exceed the threshold and confirm that Members think the PSA is relevant to all CRTO Members, regardless of their practice setting.
21. Is the PSA relevant to Members who are Inactive or non-practicing?	Members report relevance of PSA.	25% of Inactive or non-practicing Members report relevance of PSA.	50.4% of respondents think that the PSA is relevant to Inactive or non-practicing Members.	Results <i>do not directly correlate</i> to the original indicator. Inactive and non-practicing Members were not separately targeted. Results indicate that Members of all categories question the relevance for non-practicing RTs.
22. Are the instructions for completing the PSA sufficiently clear and acceptable to Members?	Members report ease of understanding of PSA technology.	75% of Members report understanding PSA technology.	94.3% of respondents who completed the PSA report that the instructions for accessing and completing the PSA are sufficient.	Results exceed the threshold and confirm that Members think the instructions for completing the PSA sufficiently clear and acceptable.

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
<p>23. Is the PSA feasible in terms of time commitment?</p>	<p>Members report the time spent on the PSA is acceptable.</p>	<p>51% of Members report the time commitment is acceptable.</p>	<p>85% of respondents report the time commitment is acceptable.</p> <p>48.6% of respondents who had completed the PSA spent 3 or more hours.</p>	<p>Results exceed the threshold and confirm that Members think the time commitment is acceptable.</p> <p>According to the statistics provided by Webassessor™, over the past four years nearly half of all Members who completed the PSA spend more than 3 hours logged on to the PSA.</p>
<p><i>Process Evaluation Questions</i></p>				

Evaluation Question	Indicator	Threshold	Resulting Evidence	Conclusion
<p>24. Have policies and procedures been developed to address Members' requests for deferrals?</p>	<p>College approves policy on deferral of QA requirements.</p> <p>Members granted deferrals.</p>	<p>Yes.</p> <p>15% of Members randomly selected annually.</p>	<p>CRTO Policy QA-104, approved by Council September 22, 2006.</p> <p>From the CRTO database: 2004 – 2.0% 2005 – 3.6% 2006 – 11.5% 2007 – 13.3%</p>	<p>Policies have been developed to address Members' legitimate needs for deferrals of their QA requirements.</p> <p>An increase in the number of requests for deferrals occurred in 2006/7 as a result of including information about this option in the notice of selection.</p>
<p>25. How many Members have been selected more than once from 2004 to 2007?</p>	<p>Members who have been randomly selected two or more times since 2004?</p>	<p>10% of Members have been randomly selected two or more times.</p>	<p>25 Members, or 12.5%, have been randomly selected two or more times.</p>	<p>The number of Members who were randomly selected two times (2004 and 2007) exceeded the anticipated ratio.</p>

Objective Performance Outcomes

The results of the Evaluation Survey conclude decisively that Members are engaging in continuing education and increasing their knowledge by completing the PSA. While these results offer a good indication of how Members *feel* about the performance outcomes of the CRTO's Quality Assurance Program, the actual results of the Portfolio reviews and PSA scores provide truer indications of performance.

Since 2004, 721 Members have submitted their Professional Portfolios and completed the PSA as a result of being randomly selected; it should be noted that the PSA pilot was optional in 2004. Of these 721 Members, **92.2% either met or exceeded the requirements**, i.e. their PSA results were above the established benchmark and their Portfolios satisfied the published criteria.

Members whose Portfolio results were not satisfactory were required to meet with College staff who assisted them with the key elements of the 4-step reflective journal. Members whose PSA scores fell below the benchmark of 70% or within the 6th percentile were given the opportunity to re-write the PSA to increase their scores (Figure 13). If Members failed to improve on their second attempts they were required to meet with College staff who mentored them on the standards, guidelines and legislation on which the PSA is based (Figure 14).

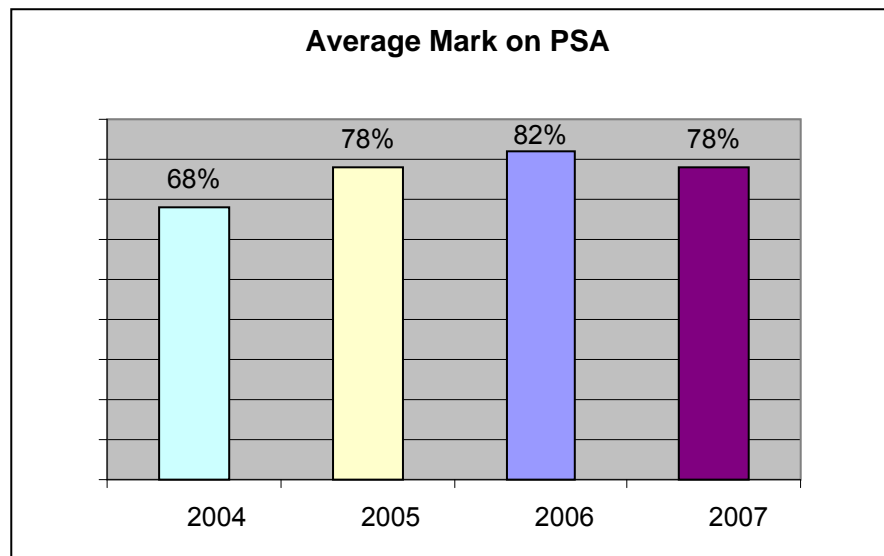


Figure 13

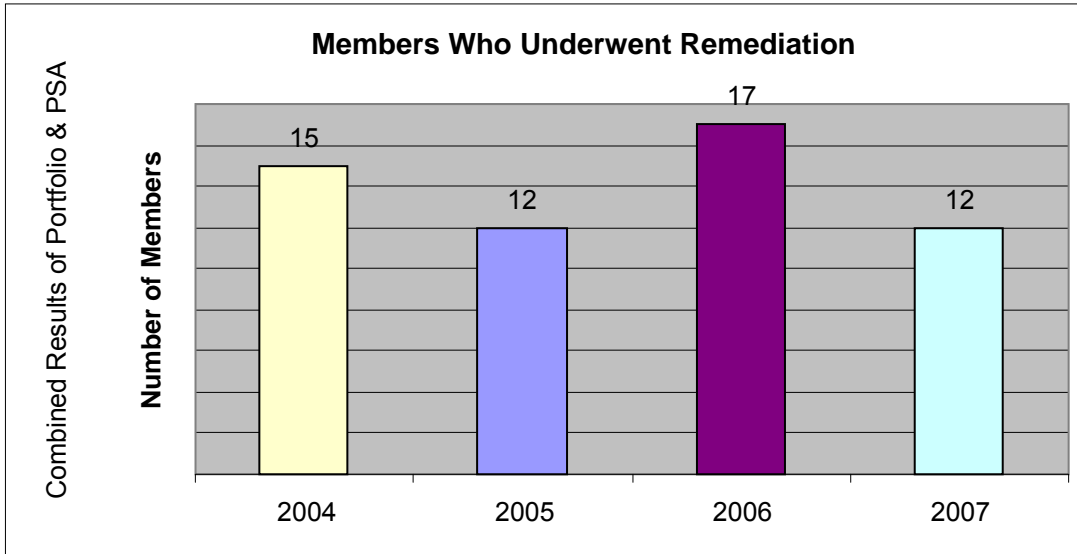


Figure 14

CONCLUSIONS

Professional Portfolio Evaluation

The Evaluation confirms that CRTO Members are participating in learning activities on a regular basis, that they are reflecting on their practices in order to identify appropriate learning goals, and that as a result of their learning, their practices are being enhanced. In most cases, Members' responses to questions regarding professional development far exceeded the College's expectations.

Respondents to the Evaluation questioned the relevance of the Portfolio for Members who are currently non-practicing or are practicing in non-traditional roles. Based on this information recommendations to review the random selection process and Portfolio content have been made.

Professional Standards Assessment Evaluation

Respondents to this Evaluation verified that completion of the PSA increased their knowledge of CRTO standards, guidelines and legislation. The Evaluation also verified that respondents feel that the PSA is relevant to all practice settings and that, for over 40%, their practice changed or improved as a result of its completion.

Program Evaluation

The existing Quality Assurance Program meets the current legislative mandate. The suitability of the Program and its components under the amended *Regulated Health Professions Act* will be determined by the Ministry of Health and Long Term Care during the regulation submission process.

A significant amount of information is available to Members on the Quality Assurance Program and components through a number of communications vehicles; The Exchange newsletter, the CRTO web site, e-bulletins, and dedicated support staff. The College aims to deliver information and QA tools to Members electronically in order to decrease costs and lessen environmental impact. Members who have not provided the College with email addresses or are not comfortable with computer based technology are mailed printed versions. It was noted, however, that not all web-based tools are available in French (including the Professional Standards Assessment) and that the overriding goals of the QA Program and its components have not been clearly communicated to Members.

With regard to the College's own goals and objectives, the Evaluation results supports the conviction that participation in Quality Assurance initiatives helps to ensure "that respiratory care services provided to the public by (our) members are delivered in a safe and ethical manner." From an organizational perspective, the Evaluation was also able to confirm the Program's sustainability from a human and financial standpoint.

NEXT STEPS

The Quality Assurance Committee will incorporate the following recommended actions into its goals within specified timelines, seeking Member input and Council's approval at each phase of development:

1. Develop and publish a position statement/paper on the Goals of the QA Program.
2. Provide randomly selected Members with a list of Assessors for the purpose of identifying conflicts of interest.
3. Develop a web-based Professional Portfolio.
4. Incorporate examples of Learning Goals and Learning Activities of Members who are in a variety of practice settings, including

- non-direct patient care roles, in future versions of the Professional Portfolio form.
5. Review the practice of selecting Inactive Members in the random selection process.
 6. Review the random selection process to investigate limiting the number of times a Member can be selected and increasing the percentage of Members who have not previously been selected.
 7. Monitor the French translation process to ensure that Members who prefer to receive communications from the College in French have equal access to all QA Program components.
 8. Review the Self-Assessment section of the Portfolio with the intention of facilitating Members' skill development (patient-related, changes in technology or other) as prescribed in regulation; "*assessment of members' knowledge, skills and judgment*".
 9. Ensure compliance with the *Regulated Health Professions Act* amendments.